

Name

in  
Full

Alexander B Blake

## CERTIFICATE OF DEATH

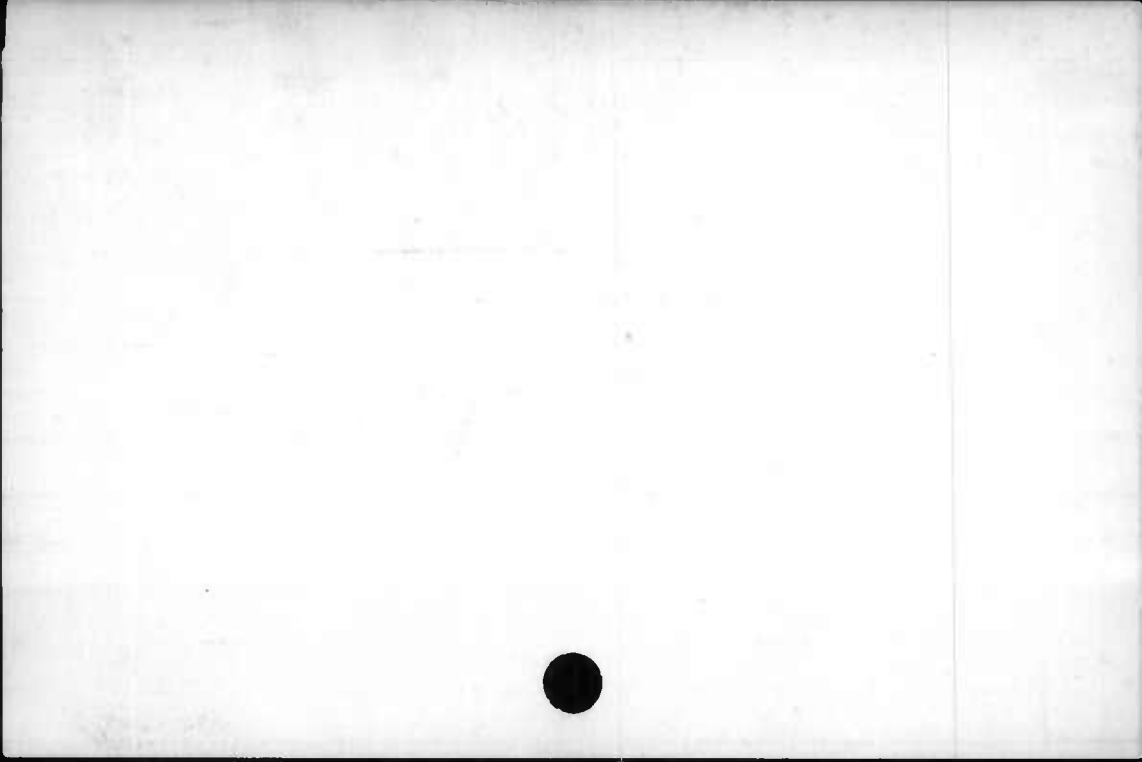
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Pudgely</i> <sup>Town</sup>		<i>Caroline</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1905</i> <sup>Year</sup>	<i>Jan</i> <sup>Month</sup>	<i>10</i> <sup>Day</sup>	<i>77</i> <sup>Years</sup>	<i>13</i> <sup>Months</sup>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Mayland</i>
Occupation	<i>Retired Farmer</i>	Where Residing if not at place of death		<i>Pudgely</i>	<i>MD</i>
Married, Single or Widowed	<i>Widower</i>	Name of Wife or Husband			
Father's Name	<i>Alexander Blake</i>			Father's Birthplace	<i>Mayland</i>
Mother's Maiden Name	<i>Sarah Leake</i>			Mother's Birthplace	<i>"</i>
Name of person giving Information	<i>Somers Blake</i>			How related to deceased	<i>Son</i>

## CAUSES OF DEATH

PHYSICIAN  
OR  
CORONER

Primary	<i>Complications &amp; old age</i>	How long	<i>One year</i>
Immediate	<i>Exhaustion</i>	How long	<i>Five days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Enoch George M.D.</i>
		Address	<i>Wentworth Co Maryland</i>
Accident or Suicide?			



TO BE ANSWERED BY  
NEAREST FRIEND

Elizabeth Bradley		CERTIFICATE	
Died at <i>Ridgely</i> <sup>Town</sup>		<i>Caroline</i> <sup>County</sup>	
Date of death <i>1905</i> <sup>Month</sup> <i>10</i> <sup>Day</sup> <i>9</i>		Age <i>58</i> <sup>Years</sup> <i>2</i> <sup>Months</sup> <i>21</i> <sup>Days</sup>	
Sex <i>Female</i>	Color or Race <i>White</i>	Birthplace <i>Wabbot Co.</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death	
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>James Bradley</i>		
Father's Name	Father's Birthplace		
Mother's Maiden Name	Mother's Birthplace		
Name of person giving information <i>Charles Bradley</i>	How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Empyema</i>	<i>she was sick</i>	How long <i>5 weeks</i>
Immediate <i>Exhaustion</i>	<i>I attended her</i>	How long <i>two days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. C. Madara</i>	
	Address <i>Ridgely Md.</i>	
Accident or Suicide? <i>—</i>		



Name  
in  
Full

Edward Burke

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Brunsville</u> <sup>Town</sup>		<u>Caroline</u> <sup>County</sup>		MARYLAND	
Date of death 1906	Month <u>January</u>	Day <u>24</u>	Age <u>19</u>	Months <u>7</u>	Days <u>10</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>New York</u>		
Married, Single or Widowed <u>Married</u>		Occupation <u>Farmer</u>			
Name of Wife or Husband <u>Catharine Burke</u>					
Father's Name <u>Edmond Burke</u>			Father's Birthplace <u>New York</u>		
Mother's Maiden Name <u>Eunice W. Brown</u>			Mother's Birthplace <u>New York</u>		
Name of person giving information <u>Katie A. Burke</u>			How related to deceased <u>daughter</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Parisis</u>	How long <u>four years</u>
Immediate <u>Paralysis</u>	How long <u>12 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes.</u>	Signature of Physician <u>Thos. Faulstich</u>
	Address <u>Brunsville</u> <u>N.Y.</u>
Accident or Suicide?	



Name  
in  
Full

Sarah E. Cahall

## CERTIFICATE OF DEATH

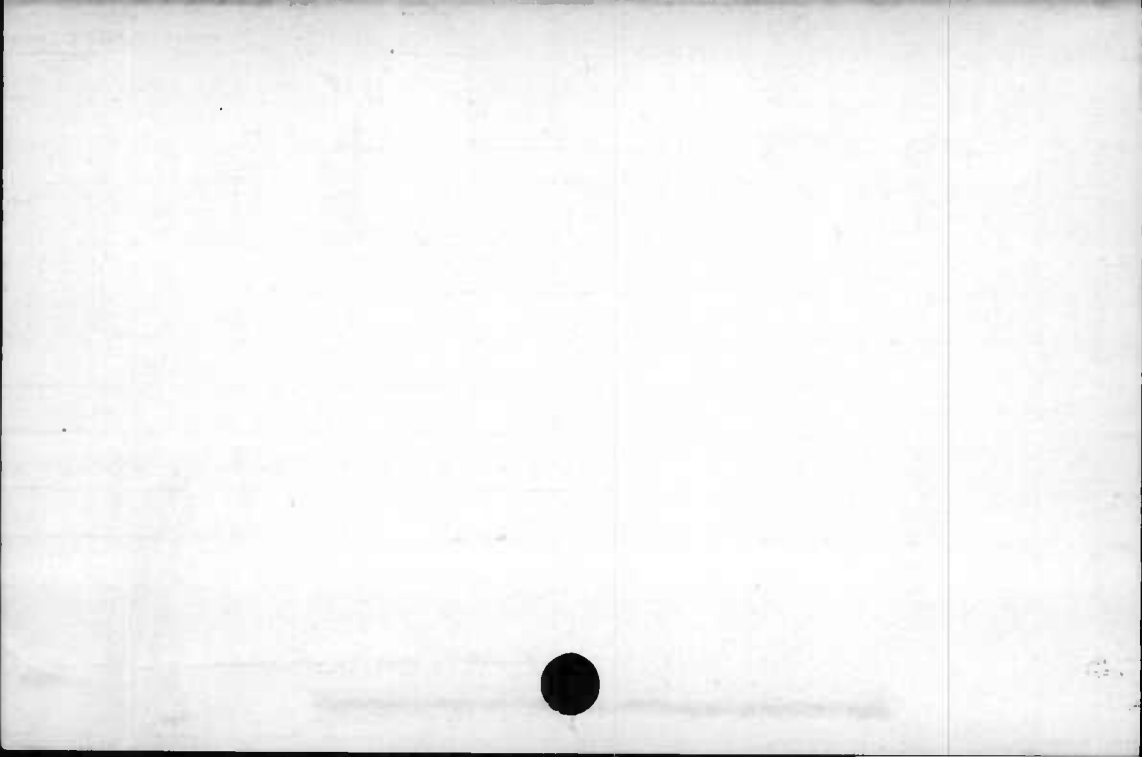
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Burrville</i>		<sup>County</sup> <i>Caroline</i>		MARYLAND	
Date of death 190 <i>5</i>	<sup>Month</sup> <i>June</i>	<sup>Day</sup> <i>22</i>	<sup>Years</sup> <i>61</i>	<sup>Months</sup> <i>3</i>	<sup>Days</sup> <i>23</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Delaware</i>		
Married, Single or Widowed <i>Married</i>	Occupation <i>Housewife</i>				
Name of Wife or Husband <i>William E. Cahall</i>					
Father's Name <i>Boaz Wharton</i>			Father's Birthplace <i>Del</i>		
Mother's Maiden Name <i>M. J. Stephens</i>			Mother's Birthplace <i>Del</i>		
Name of person giving information <i>W E Cahall</i>			How related to deceased <i>Husband</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Fatty heart</i>	How long <i>Not known</i>
Immediate <i>Heart</i>	How long <i>Instant</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Thos. J. Brumby</i>
	Address <i>Burrville W Va</i>
Accident or Suicide?	





Name in Full		Rosie L Dill				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at Dorham		County Caroline		MARYLAND	
		Date of death 1905 Feb 31		Age 28		Months 4 Days 5	
		Sex Female		Color or Race white		Birth place Maryland	
		Occupation House Wife		Where Residing if not at place of death Dorham N.C.			
		Married, Single or Widowed Married		Name of Wife or Husband M R Dill			
		Father's Name William Warner		Father's Birthplace Maryland			
		Mother's Maiden Name Margaretta Plummer		Mother's Birthplace Maryland			
Name of person giving information M R Dill		How related to deceased Husband					
		CAUSES OF DEATH					
PHYSICIAN OR CORONER  1		Primary Phthisis		How long 1 1/2 years			
		Immediate Exhaustion		How long Short time			
		Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Enoch George M.D.			
				Address Dorham Caroline Co N.C.			
		Accident or Suicide? -					



Name  
in  
Full

Alberta friend

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Denton</i>		County <i>Caroline</i>		MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days	
<i>1905</i>	<i>June</i>	<i>19</i>	<i>34</i>				
Sex		Color or Race		Birth-place			
Occupation		<i>house wife</i>		Where Residing if not at place of death		<i>Denton Md</i>	
Married, Single or Widowed		<i>married</i>		Name of Wife or Husband		<i>Lacy friend</i>	
Father's Name		<i>Andrew</i>		Father's Birthplace		<i>Bethlehem</i>	
Mother's Maiden Name		<i>Margaret Linton</i>		Mother's Birthplace		<i>Bethlehem</i>	
Name of person giving information		<i>Lacy friend</i>		How related to deceased		<i>husband</i>	

## CAUSES OF DEATH

Primary

*Stutter's*

How long

*9 months*

Immediate

*Branchial cystitis*

How long

*3 weeks*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

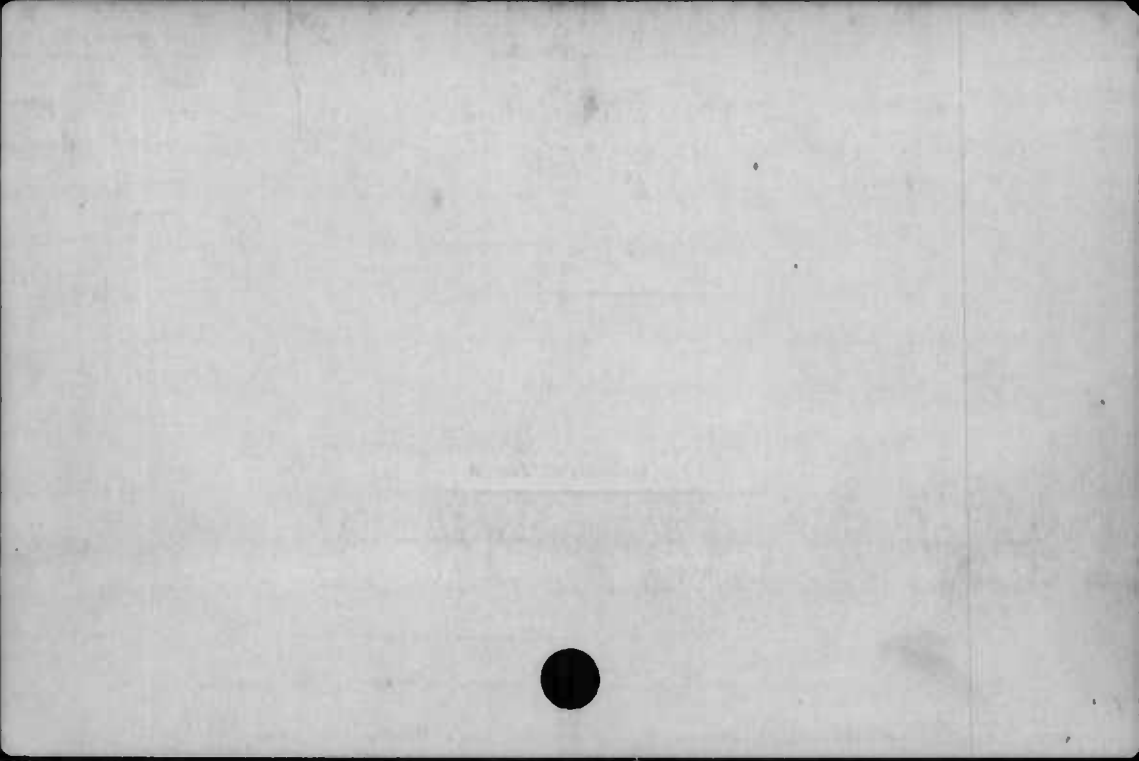
Address

*Marshall M.D.  
Denton  
Maryland*

Accident or Suicide?

PHYSICIAN  
OR CORONER

1



Name  
In  
Full

## CERTIFICATE OF DEATH

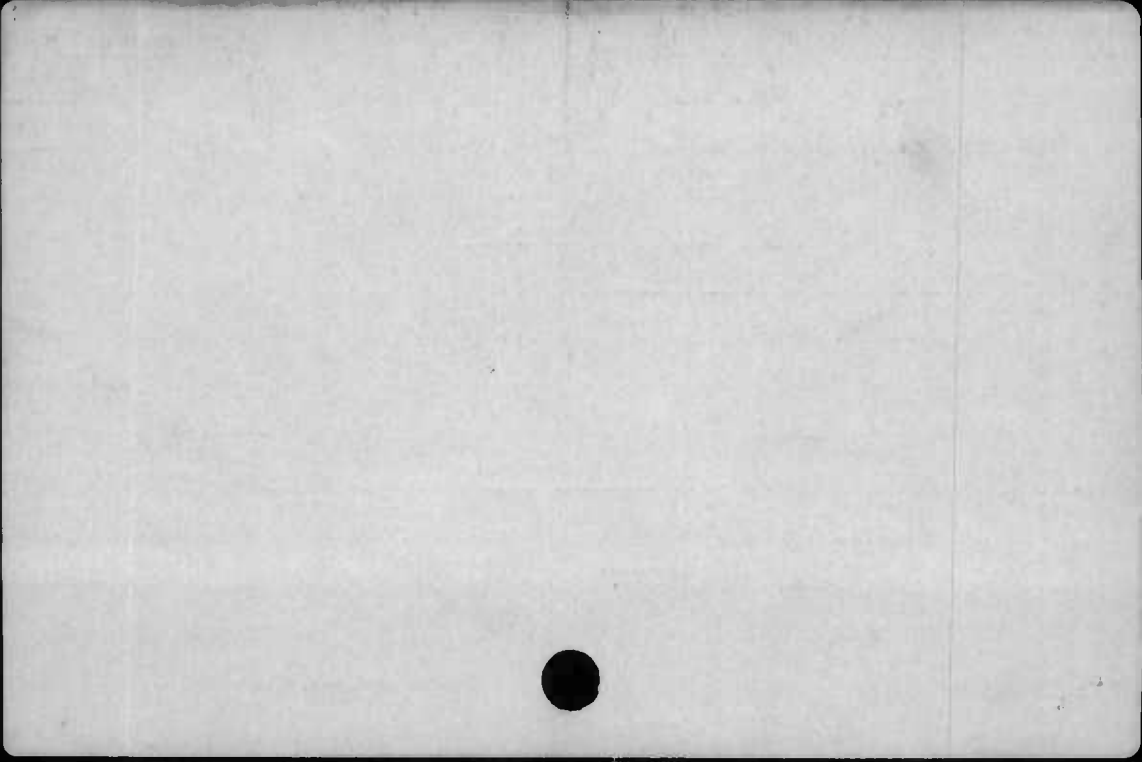
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Winton</i> Town		<i>Harris</i> County		MARYLAND		
Date of death	<i>1903-</i>	Month <i>Jan</i>	Day <i>10</i>	Age <i>Years</i>	Months <i>5-</i>	Days <i>—</i>
Sex <i>Male</i>	Color <i>White</i>			Birthplace <i>Winton Md</i>		
Occupation <i>none</i>	Where Residing if not at place of death <i>Dance</i>					
Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>—</i>					
Father's Name <i>Frank Harris</i>	Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Ida Cohen</i>	Mother's Birthplace <i>Md</i>					
Name of person giving information <i>Frank Harris</i>	How related to deceased <i>Father</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Inanition</i>	How long <i>5 days</i>
Immediate <i>None</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. R. Fisher</i>
	Address <i>Winton</i>
Accident or Suicide? <i>No</i>	<i>Md.</i>



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>J. Wesley Nichols</i>		Town <i>Federalburg</i>		County <i>Caroline</i>		MARYLAND	
Died at		Month <i>Jan</i>		Day <i>24</i>		Years <i>75</i>	
Date of death <i>1905</i>		Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>md</i>	
Occupation <i>farmer</i>		Where Residing if not at place of death					
<del>Married</del> Single or Widowed		Name of Wife or Husband					
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information <i>Robert Nichols</i>				How related to deceased <i>son</i>			

## CAUSES OF DEATH

Primary <i>Apoplexy</i>	How long <i>6 mo's</i>
Immediate <i>✓</i>	How long

Are the name, age, sex, color, date and place correctly given above?

*yes*

Signature of Physician

Address

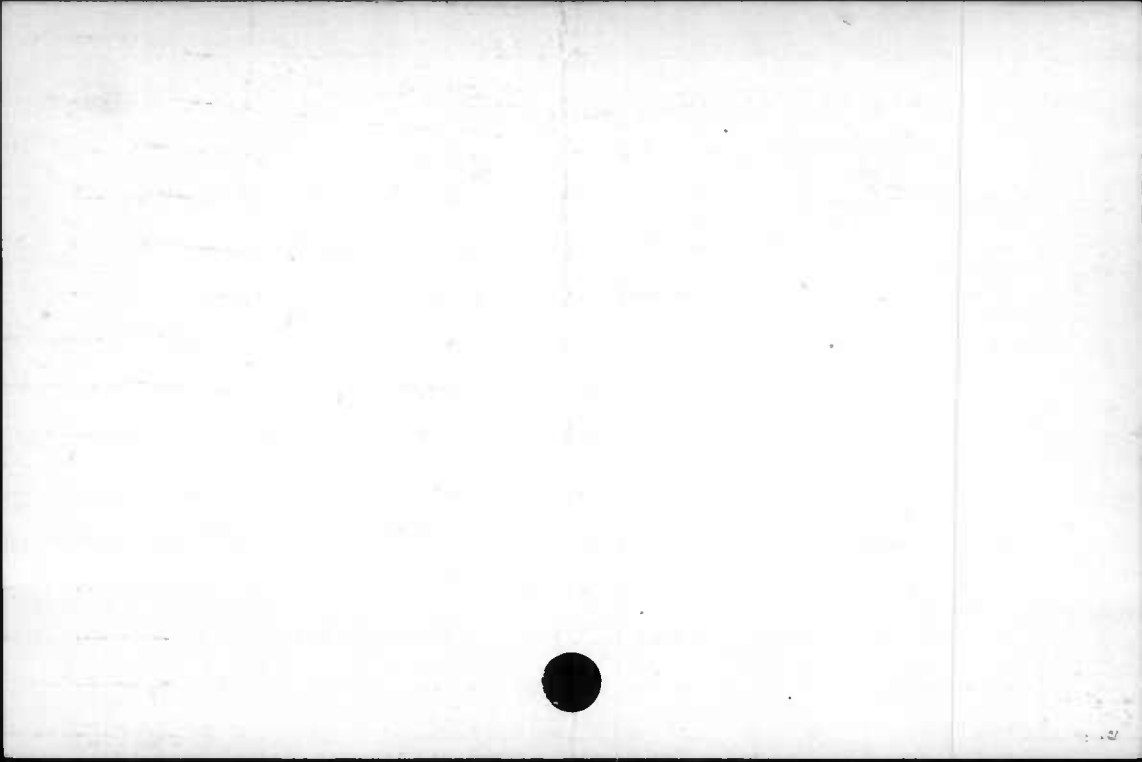
*R. K. Jefferson*  
*Federalburg md*

Accident or Suicide?





Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Federalburg</i>		County <i>Caroline</i>		<b>MARYLAND</b>
	Date of death <i>1904</i>	Month <i>Jan</i>	Day <i>5</i>	Age <i>86</i>	Months <i>06</i>
	Sex <i>Female</i>	Color or Race <i>black</i>		Birth-place <i>ind</i>	
	Occupation <i>laborer</i>		Where Residing if not at place of death		
	Married, Single or Widowed <i>single</i>	Name of Wife or Husband			
	Father's Name			Father's Birthplace	
	Mother's Maiden Name			Mother's Birthplace	
PHYSICIAN OR CORONER	Name of person giving information <i>Not White</i>			How related to deceased	
	<div style="border: 1px solid black; padding: 5px; text-align: center;">CAUSES OF DEATH</div>				
PHYSICIAN OR CORONER	Primary <i>Heart disease</i>		How long <i>3 weeks</i>		
	Immediate		How long		
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>R. Kemp Jefferson</i>		
			Address <i>Federalburg ind</i>		
<div style="border: 1px solid black; padding: 5px;">             Accident or Suicide?           </div>					



Name  
in  
Full

William Simmons

## CERTIFICATE OF DEATH

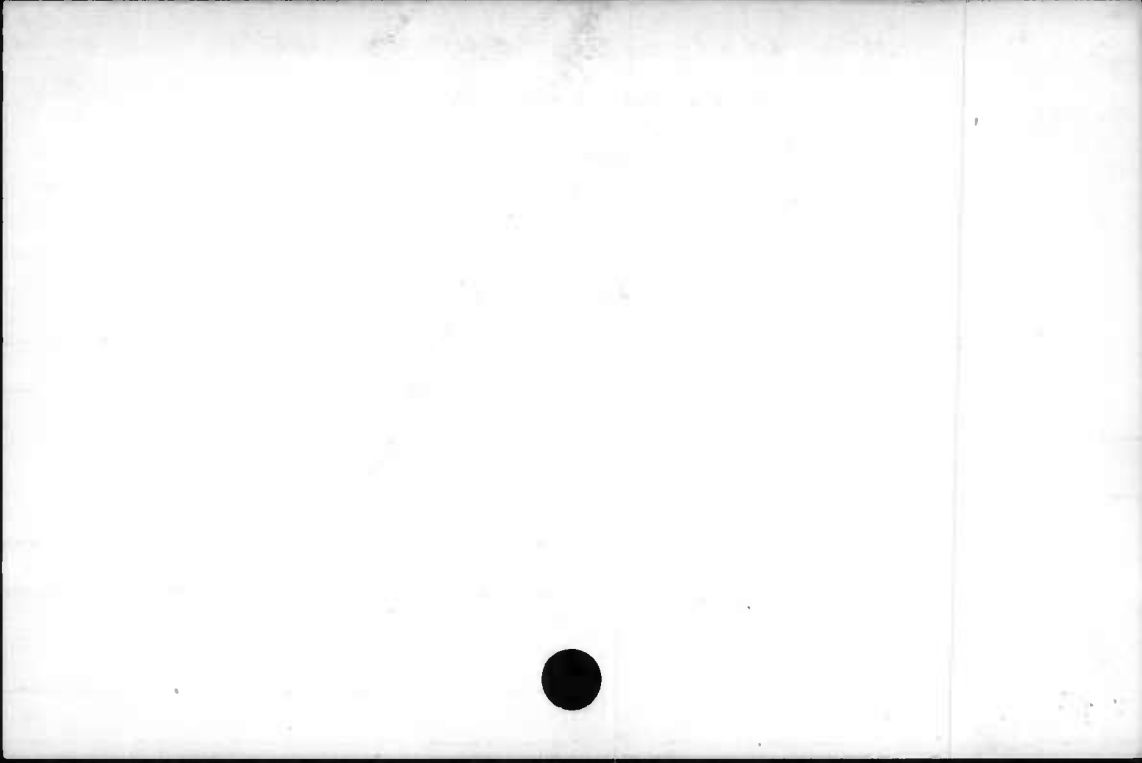
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Home House</i>		County <i>Gardner</i>		MARYLAND	
Date of death 1905	Month <i>January</i>	Day <i>11</i>	Age <i>72</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Rt. Leonard</i>		
Married, Single or Widowed <i>Widowed</i>	Occupation <i>Laborem</i>				
Name of Wife or Husband <i>Mr. Widowed</i>					
Father's Name <i>Not known</i>		Father's Birthplace <i>—</i>			
Mother's Maiden Name <i>Not known</i>		Mother's Birthplace <i>—</i>			
Name of person giving information <i>H. Becker</i>		How related to deceased <i>—</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>General debility</i>	How long <i>100</i>
Immediate <i>Hemorrhage from bowels</i>	How long <i>4 to 5 years</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Thos. Saulsberry</i>
<i>Burrsville</i>	Address <i>Maryland</i>
Accident or Suicide?	



Name  
in  
Full

Hattie Albula Stanford

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Precursor</u> <sup>Town</sup>		<u>Caroline</u> <sup>County</sup>		MARYLAND	
Date of death <u>1903</u>	<u>Jan</u> <sup>Month</sup>	<u>9<sup>th</sup></u> <sup>Day</sup>	<u>36</u> <sup>Years</sup>	<u>two</u> <sup>Months</sup>	<u>—</u> <sup>Days</sup>
Sex <u>Female</u>	Color or Race <u>Negro</u>	Birth-place <u>Montgomery Co Md</u>			
Occupation <u>House wife</u>	Where Residing if not at place of death <u>Precursor, Md.</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Felix Stanford</u>				
Father's Name <u>Otha J. Nailor</u>	Father's Birthplace <u>Montgomery Co Md</u>				
Mother's Maiden Name <u>Hannah E Nailor</u>	Mother's Birthplace <u>" "</u>				
Name of person giving Information <u>Felix Stanford</u>	How related to deceased <u>Husband</u>				

## CAUSES OF DEATH

Primary <u>Tuberculosis</u>	How long <u>Two Years</u>
Immediate <u>Tuberculosis</u>	How long <u>Two Years</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>W W Foldsberry</u>
	Address <u>Precursor, Md.</u>
Accident or Suicide? <u>—</u>	

PHYSICIAN  
OR CORONER

1



Name

In

Full

Eveline Thomas

## CERTIFICATE OF DEATH

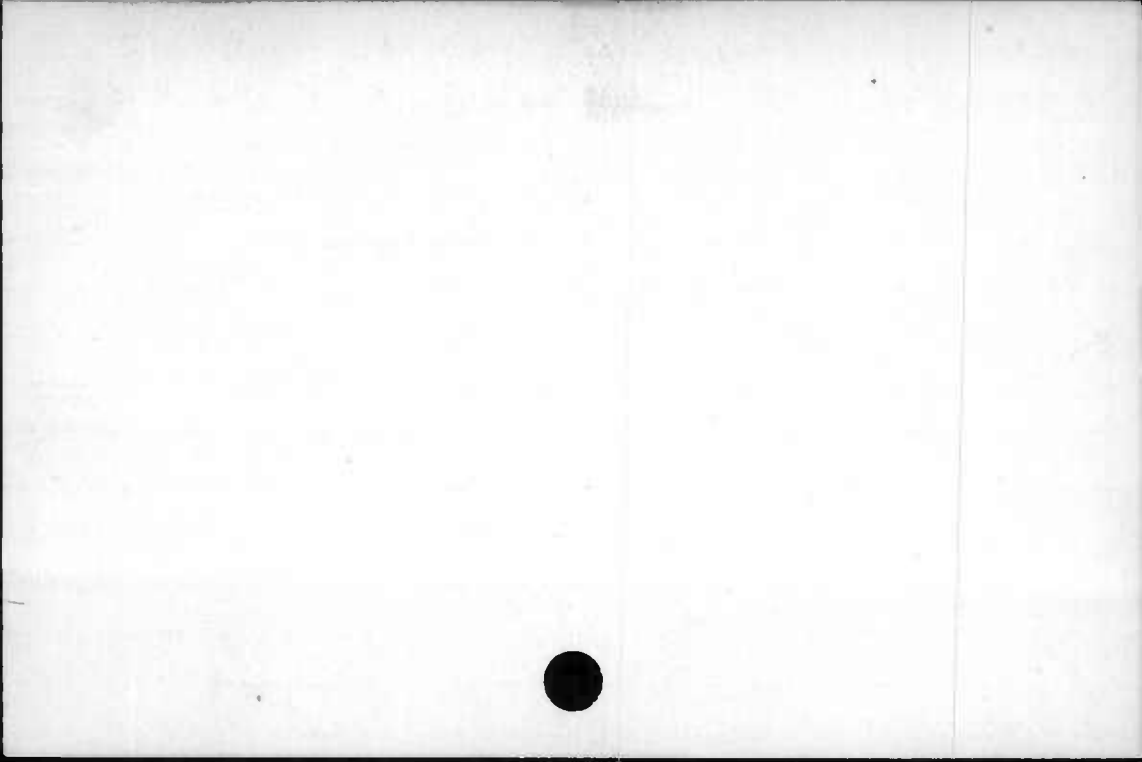
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Bridgely</i>		Town <i>Caroline</i>		County		MARYLAND	
Date of death	1905	Month	Jan	Day	2	Years	30
Sex	Female	Color or Race	Colored	Birth-place	Luna Annex Co		
Occupation	General work			Where Residing if not at place of death	Caroline County Bridgely		
Married, Single or Widowed	Married		Name of Wife or Husband	George Jackson			
Father's Name	Richard Thomas				Father's Birthplace	dont know	
Mother's Maiden Name	dont know				Mother's Birthplace	dont know	
Name of person giving information	Alfred Thomas				How related to deceased	Cousin	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Consumption</i>	How long	<i>several years</i>
Immediate	<i>cc</i>	How long	<i>cc cc</i>
Are the name, age, sex, color, date and place correctly given above?	<i>they are</i>	Signature of Physician	<i>N. E. Temple J. D.</i>
		Address	<i>Bridgely Md.</i>
Accident or Suicide?			





Name  
in  
Full

Lennie Whratley -

## CERTIFICATE OF DEATH

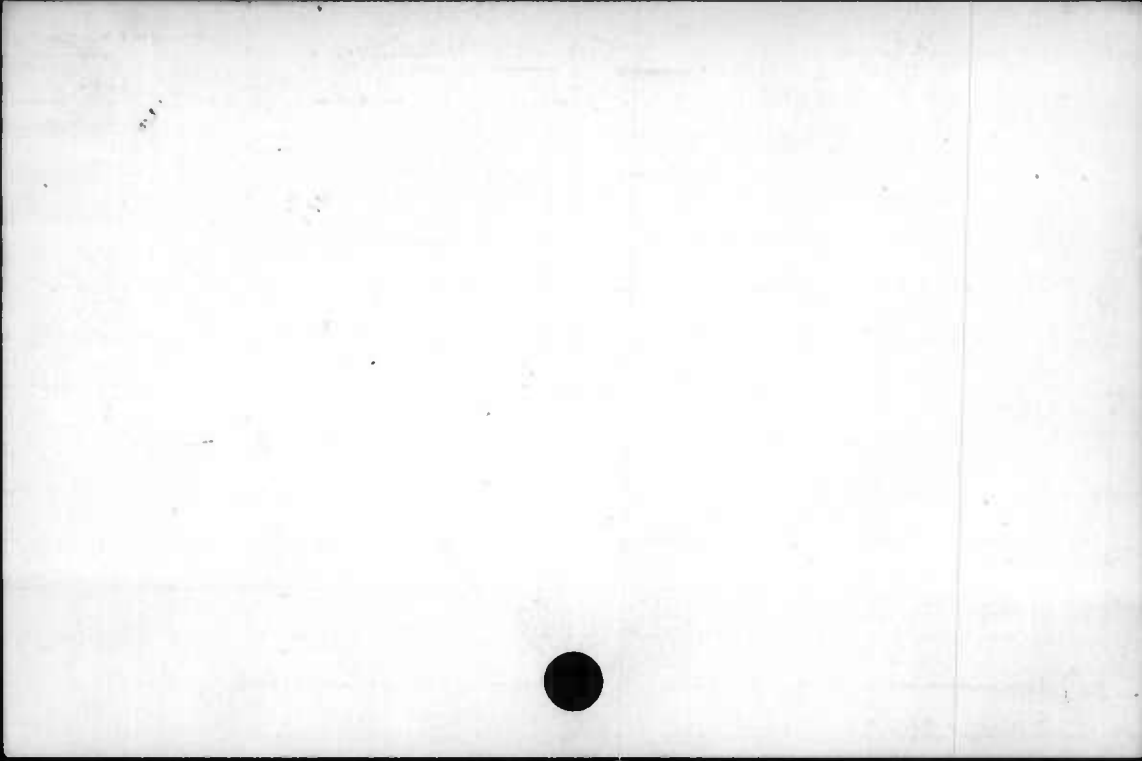
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Ridgely</i> <small>Town</small>		<i>Caroline</i> <small>County</small>		MARYLAND	
Date of death	<i>1905</i> <small>Year</small>	<i>1-</i> <small>Month</small>	<i>19</i> <small>Day</small>	<i>7</i> <small>Age</small>	<i>1</i> <small>Days</small>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Maryland</i>
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<i>Ezekiel Whratley -</i>			Father's Birthplace	<i>Idled</i>
Mother's Maiden Name	<i>Anna Wheatley</i>			Mother's Birthplace	<i>Idled</i>
Name of person giving information	<i>G. R. Ellis</i>			How related to deceased	<i>None</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>one week</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>D. D. Stone</i>
		Address	<i>Ridgely Md</i>
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Preston		County Caroline			
Date of death		1905	Month Jan	Day 25	Age 35	Years	Months Days
Sex	Female		Color or Race	White		Birth- place	Maryland
Occupation	Housewife		Where Residing if not at place of death				
<del>Single</del> or <del>Widow</del>	Name of <del>Widow</del> or <del>Husband</del>						
Father's Name	George F. Whitely					Father's Birthplace	Maryland
Mother's Maiden Name	Margaret Ann Rowis					Mother's Birthplace	Maryland
Name of person giving Information	Wm Chas Harrison					How related to deceased	none

## CAUSES OF DEATH

Primary	Rheumatism	How long	15 yrs
Immediate	Lagripne	How long	1 week
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J. L. Noble	
Address		Preston Md	
Accident or Suicide?			

PHYSICIAN  
OR CORONER

1



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Frederick</i> <sup>Town</sup> <i>Caroline</i> <sup>County</sup>		MARYLAND	
Date of death <i>1905</i> <sup>Month</sup> <i>July</i> <sup>Day</sup> <i>6</i> <sup>Years</sup> <i>2</i>	Months		Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Md</i>	
Occupation <i>—</i>	Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>		
Father's Name <i>J M Wright</i>	Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Elyse</i>	Mother's Birthplace <i>Md</i>		
Name of person giving information <i>James Williamson</i>	How related to deceased <i>None</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Scarlet fever</i>	How long <i>3 weeks</i>
Immediate <i>Bubally Broncho-pneumonia</i>	How long <i>36 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J Raymond Dawson</i>
	Address <i>Preston Md.</i>
Accident or Suicide?	

